

New law authorizes and directs the secretary of the Dept. of Social Services (DSS) to promulgate rules and regulations in accordance with the Administrative Procedure Act (APA) for licensure of providers of personal care attendant services, respite care services, and supervised independent living programs. Further prohibits such providers from billing Medicaid for such services unless licensed by DSS. Prohibits fees from exceeding the cost of licensure. Sets the maximum fees for each type of license as follows:

- (1) Personal care attendant service agency - \$200
- (2) Supervised independent living program - \$200
- (3) Respite care provider of in-home services - \$200
- (4) Respite care facilities:
  - (a) 4-6 beds - \$400
  - (b) 7-15 beds - \$800
  - (c) 16 or more beds - \$1,200

New law establishes additional fees (provider fees) on personal care attendant services agencies, respite care services agencies, and supervised independent living programs licensed under new law to be charged by the Dept. of Health and Hospitals (DHH) similar to the "provider fees" on nursing home beds, ICF/MR beds, and prescriptions. Provides that the provider fees not exceed 6% of gross revenues of an agency and that fee proceeds be used to provide funding for mentally retarded/developmentally disabled (MR/DD), elderly, and disabled waiver slots in the Medicaid program.

New law creates a special fund, the La. Community Based Services Trust Fund (trust fund). Provides that, after meeting constitutional and statutory requirements, the additional fees on personal care attendant services agencies, respite care services agencies, and supervised independent living program be deposited in the trust fund to be appropriated to pay for services provided through the MR/DD, elderly, and disabled waivers in the Medicaid program, including the costs of collecting the fees authorized and administering the programs funded by the fees, and for other Medicaid services to individuals filling waiver slots. Further provides that fund proceeds not supplant monies appropriated to other programs and services within the Medicaid program.

Existing law establishes the Louisiana Medical Assistance Trust Fund Advisory Council, composed of 11 designated members subject to Senate confirmation, to:

- (1) Advise the secretary of DHH in the administration of the Louisiana Medical Assistance Trust Fund.
- (2) Provide recommendations, advice, and assistance in the analysis and preparation of rules and regulations pertinent to the operation and administration of the Louisiana Medical Assistance Trust Fund when requested by the secretary.
- (3) Review the financial records and accounts of the fund and make such recommendations to the secretary of DHH as appropriate.

New law retains existing law and increases the duties of the advisory council to include the same duties for the Louisiana Community Based Trust Fund as is provided in existing law for the Louisiana Medical Assistance Trust Fund.

Further increases the membership of the advisory council from 11 to 13 by adding the following members:

- (1) One member who is a provider of personal care attendant services and/or respite care services.
- (2) One member who is a provider of supervised independent living services.

Authorizes and directs DHH to adopt and promulgate, pursuant to the APA such rules and regulations as are necessary to administer the fees, including rules and regulations regarding the collection and payment of the provider fees and the records necessary to be maintained and made available by the providers on whom the fees are imposed. Provides that DHH hold confidential any such information, other than the amount of provider fees collected from each provider and the total amount of revenues generated by the fees.

Authorizes and directs DHH to adopt and promulgate, pursuant to the APA, rules and regulations governing the rights and obligations of those on whom provider fees will be imposed. Such rules and regulations shall include the administrative appeal rights and procedures governing disputes arising out of the collection or administration of the fees. Also authorizes DHH to collect the fees authorized by new law by withholding all or part of a provider's regular Medicaid remittance.

Authorizes the governor, by executive order, to designate any agency, department, or division of state government to collect the provider fees.

Prohibits DHH from imposing, adopting, or collecting any provider fee as provided in new law until it has received a determination or designation from the secretary of the U.S. Dept. of Health and Human Services that personal care service agencies, respite care services agencies, and supervised independent living programs, either collectively or separately, may be considered a "class of providers" for the purposes of 42 CFR 433.56.

New law provides that the increase in the council's membership and expansion of duties are effective only if DHH receives written approval from the U.S. Dept. of Health and Human Services that personal care service agencies, respite care services agencies, or supervised independent living programs, either collectively or separately, may be considered a "class of providers" for the purpose of 42CFR 433.56.

Effective August 15, 1999, subject to the limitations of the preceding paragraph.

(Amends R.S. 46:2624(B)(intro para); Adds R.S. 46:2624(B)(7) and (8) and (I)(4), (5), (6) and 2681-2685)